



Affiliated Computer Services, Inc.

Virginia Medicaid

**Service Center User Manual for
Electronic Transactions Submission**

Version 1.0

Date: 6/28/2010



Revision History

Version Number	Date	Description	Author
1.0	06/28/2010	ACS VAMMIS Fiscal Agent Implementation Re-branded documentation for ACS	Linda Hardy



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HIPAA Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule¹ provides protection for personal health information. The regulations became effective April 14, 2003. Affiliated Computer Service, Inc. developed HIPAA Privacy Policies and Procedures to ensure operations are in compliance with the legislative mandated.

Protected health information (PHI) includes any health information whether verbal, written, or electronic, that is created, received, or maintained by Affiliated Computer Services, Inc. It is health care data plus identifying information that allows someone using the data to tie the medical information to a particular person. PHI relates to the past, present and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

The Privacy Rule permits a covered entity to use and disclose PHI, within certain limits and providing certain protections, for treatment, payment, and health care operations activities. It also permits covered entities to disclose PHI without authorization for certain public health and workers' compensation purposes, and other specifically identified activities.

¹ 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule



1. Introduction

Electronic Transaction Submission was developed to give Virginia Medicaid providers the capability for accelerated submission of their Medicaid transactions.

Submitting electronically reduces the time for receipt of Medicaid transactions to the Medicaid Management Information System (MMIS). It eliminates the time-consuming process of document preparation, mailing, transaction receipt, and data entry. Instead, transactions are transmitted directly to the host system and downloaded to the MMIS the same day of receipt.

This manual presents the functions and procedures to be followed for electronic submissions. Virginia Medicaid does not provide any electronic submission software. Third party software must be purchased at your expense to transmit transactions directly to Virginia Medicaid or a clearinghouse must be used that already has the software to format the transactions according to Virginia Medicaid standards.. Effective October 16, 2003, all electronic transactions must be in the format specified by HIPAA.

Included in the Appendix of this manual are the required documents to be completed and returned by each Service Center and Medicaid Provider for authorization from the Department of Medical Assistance Services (DMAS) for electronic transaction submission.

To be able to submit transactions via electronic media, each submitter is required to have a Service Center Number. This number is issued by Virginia Medicaid and is unique to the user. The Service Center may be a one-person provider's office or a clearinghouse servicing thousands of providers. Only a Service Center can submit transactions electronically to Virginia Medicaid.

In order to get a Service Center Number and gain access to the Virginia Medicaid system, each submitter must complete the following and return them to the EDI Coordinator at Affiliated Computer Services, Inc. (ACS):

- Submission of Electronic Transactions Agreement for Service Centers
 - An official of the submitting firm must sign this form under For Data Submitter.
- Service Center Operational Information

Each Medicaid Provider must complete the following and return it to the EDI Coordinator at ACS:

- Provider Service Center Authorization
 - This is the only form that ties a Provider Number to a Service Center Number. The form must be on file with Virginia Medicaid prior to the Service Center submitting any transactions for that Provider. Otherwise those transactions will be denied. If submitting an initial package for the Service Center, leave the Service Center Number field blank. The number will be filled in by Virginia Medicaid after the Service Center Number is assigned. Any time a new Provider is added to an existing Service Center, only this form is needed. The Service Center Number must be filled in when received by Virginia Medicaid. One form is required for each Provider Number submitting transactions.



2. Edits

To electronically submit Medicaid transactions, the vendor must conform to record formats and specifications as outlined in the implementation guides and Virginia Medicaid Companion Guides. All files must pass through an X12 compliance checker by Virginia Medicaid to ensure proper format and compatibility. Remember transactions suspended or rejected for missing or invalid data reduces the benefits of electronic submission. It is to the provider's advantage to ensure complete and accurate information is entered as required on an entry-by-entry basis.

All electronic submissions coming into Virginia Medicaid after October 15, 2003 must be in the HIPAA compliant format which at the present time is ANSI X12N Version 4010A1. Virginia Medicaid will be supporting the following Transaction Code Sets:

- 270/271 Health Insurance Eligibility Request/Response Verification for Covered Benefits
- 276/277 Health Care Claim Inquiry to Request/Response to Report the Status of a Claim
- 277 Unsolicited Response
- 278 Health Care Serviced to Request/Report Authorizations and Referrals
- 820 Premium Payment for Enrolled Health Plan Members
- 834 Enrollment/Dis-Enrollment to a Health Plan
- 835 Health Care Claim Payment/Remittance
- 837 Dental Health Care Claim or Encounter
- 837 Institutional Health Care Claim or Encounter
- 837 Professional Health Care Claim or Encounter
- NCPDP National Council for Prescription Drug Programs Batch

Virginia Medicaid will be certifying their data using the Sybase tool through Level 6 and it is strongly suggested that all software used for submission of transactions to Virginia Medicaid be pre-tested and certified by an independent certification agent such as Sybase through at least Level 2.

3. Secure FTP Guidelines

Virginia Medicaid is implementing a secure method of transferring files. In general, we are implementing a Secure File Transfer Protocol (SFTP) server that requires an SSL connection by the Service Center to ensure that user logins and data transmissions meet HIPAA privacy and security requirements. All files electronically sent to and received from the Virginia Medicaid Fiscal Agent must be in ANSI X12N Version 4010A1 format and must utilize this SSL SFTP connection.

HIPAA Standard Transactions will require that all Service Centers use some form of FTP Server/Client Software for sending or receiving electronic data. Service Centers will be required to test this software with transactions and code sets prior to submitting them in production. Each Service Center is responsible for purchasing or obtaining compatible encryption "Client" software. A search engine may be used to identify the available software options. The FTP client software must comply with the Internet Standards for FTP protocol. RFC 2246 and RFC 2228 define the SSL FTP standards and can be found at www.ietf.org.

To successfully connect to the SFTP server, the user is required to either have client software that supports SSL connections, or have a web browser with access to the internet. There are several commercially available client software packages as well as a few software packages that are available through downloads.

The process of connecting to the SFTP service will require that the user have a valid account which permits access to the SFTP server. This account is established when a Service Center Number is assigned as discussed earlier.

The login to the SFTP server or control process is encrypted as is the actual transferring of files or data control portion of the session. This ensures that user passwords and transmitted data will be protected. Passwords will be assigned by Virginia Medicaid. If passwords are forgotten, a new password can be assigned by calling the ACS EDI Help Desk at 1-866-352-0766 between 8:00 a.m. and 5:00 p.m. Monday – Friday, not including holidays.

By using SFTP, we can now safely and securely transmit and receive files over the Internet. When a connection is made between a client and a server using the Secure Socket Layer (SSL), all commands and data passing from one side to the other will be encrypted and can only be decrypted by the two parties involved in the data transfer.

Accessing the ACS FTP server:

- Using a Web browser – pick up or drop off your test files at: <http://grabit.acs-shc.com>.
- Using an FTP application – pick up or drop off your test files at: grabit.acs-shc.com.

If you plan to use an FTP client application and require the IP address, use “nslookup” and the URL “grabit.acs-shc.com” to identify the IP address. The necessary port information is in the table below.

IF	THEN
SFTP over SSH	use port 22
SFTP over TLS-P*	use ports 21 and 20
SFTP over TLS-Implicit*	use port 990
SFTP over SSL	use port 443

**NOTE: Both TLS options will also use ports 3000 to 3008, but their firewalls should automatically allow that if the initial connections are made to the ports specified above.*

Trading Partners that reside behind a firewall will also need to allow outbound sessions to be established on the port selected from the table above.

DMAS is requiring that clearinghouses, intermediaries, and software vendors provide proof of transaction testing and certification through Level II, as outlined by WEDI. This certification is a prerequisite for business-to-business testing with DMAS. Certification can be through Claredi or another certifying entity. DMAS will be certifying its outbound transactions to Level VI through Sybase.

4. Directory Setup

After establishing a SFTP connection, you will only be able to see the directories for your Service Center. They will be:

- INCOMING
- OUTGOING
- TEST-IN
- TEST-OUT

INCOMING – A directory for dropping off any Transaction Code Set that is put into PRODUCTION. If your Service Center has not successfully tested and been approved for PRODUCTION, the file will be rejected and you will receive a 997 transaction stating that your file was rejected. If your Service Center has successfully tested and been approved for PRODUCTION, the file will be processed through the Virginia Medicaid system. The proper response will be placed after processing in your OUTGOING directory. You can use any file naming convention. We recommend that all files dropped into this directory be zipped and have a .zip suffix in order to be processed. As soon as the file is received, ACS will rename it with a Media Control Number (MCN) and start processing the file. This means that once files are dropped into this directory they cannot be deleted. If files are dropped by mistake, you will have to file an adjustment or void after you get your EOB back.

OUTGOING – A directory for any file waiting to be retrieved by the user, such as a 271, 277, 835, or 997, etc. The user must log in and retrieve files in a timely manner. All files in this directory will remain on the system for a period of 30 days. After that time, the file will be deleted automatically by the system. After logging in you will be able to retrieve any files still in this directory. It is imperative that you download files regularly and often. All files placed in this directory will be zipped and must be unzipped using PKUNZIP, WINUNZIP, or a similar product.

TEST-IN – A directory for dropping off any Transaction Code Set to be tested. No processing will be done to any file dropped off in the TEST directory until you notify the EDI Department with the name of your service center, what you are testing, and who should be notified about the test results. Files in this directory will be deleted every 30 days or once testing the file is completed. You can notify the EDI Department by e-mail at Virginia.EDISupport@ACS-Inc.com, by phone at 1-866-352-0766, or by fax at 1-888-335-8460.

TEST-OUT – A directory for the return any TEST file waiting to be retrieved by the user, such as a 271, 277, 835, or 997, etc. The user must log in and retrieve files in a timely manner. All files in this directory will remain on the system for a period of 30 days. After that time, the file will be deleted automatically by the system. After logging in you will be able to retrieve any files still in this directory. All files placed in this directory will be zipped and must be unzipped using PKUNZIP, WINUNZIP, or a similar product.

5. Testing

The following information is critical to the electronic transaction submission process. Sections A - C apply to all providers/submitters desiring to submit transactions electronically.

A. Pre-Test Requirements

Once the Electronic Submission of Transactions Agreement and the Data Service Center Operational Information is received, a Service Center Code is assigned to the submitter and a valid account is set up for that Service Center on the SFTP server. This code will be used to send in test transactions.

The 837 test submission should contain between 25 and 50 claims relevant to the provider's specialty. Other transaction submissions have no low limits but should not exceed 50.

B. Test Requirements

All electronic submissions coming into Virginia Medicaid after October 15, 2003 must be in the HIPAA compliant format which at the present time is ANSI X12N Version 4010A1.

The EDI Department can be contacted by email at Virginia.EDISupport@ACS-Inc.com, by phone at 1-866-352-0766, or by fax at 1-888-335-8460 for confirmation of receipt.

- SFTP File Transfer

Once the submitter has received the Service Center Number, the following preparations should be completed to enact the actual test transmission.

Having entered the transactions, the submitter simply has to connect to the receiving system located on the web at <http://grabit.acs-shc.com> or pointing your FTP application to the domain name grabit.acs-shc.com. The login will be provided with your notification of a Service Center Number. The password will be emailed to you separately. In the event of difficulties in transmission, please contact the EDI Department at Virginia.EDISupport@ACS-Inc.com, by phone at 1-866-352-0766, or by fax at 1-888-335-8460.

Upon completion of the transmission, the submitter will receive confirmation via a 997 Transaction, which will include a MCN number (Example: MCN 80400112). This will serve as the submitter's confirmation of the test submission. The technical analyst will evaluate the test file in the order it was received. You will receive a phone call from the EDI Coordinator upon successful completion of the test.

In the event that the test transmission is evaluated as unacceptable, the submitter will be notified by the EDI Coordinator by telephone and the call will be followed up with a report identifying the errors causing the disapproval if requested. Another test is required.

C. Test Results Notification

- Test Turnaround Schedule

Tests will normally be completed within two working days. Since all test results must be reviewed by a technical analyst before the corresponding response will be placed in the OUTGOING directory, this turnaround time may have to be extended during times of high volume testing such as during the initial



implementation period. If you do not get a 997 within two working days or do not get the appropriate final response (271, 277, 835, etc.) within five working days, contact the EDI Department at Virginia.EDISupport@ACS-Inc.com, by phone at 1-866-352-0766, or by fax at 1-888-335-8460.

- **Successful Test Submissions**

Every test submitter approved by the EDI Technical Analyst will be notified by a phone call and an email or fax advising you of the successful test. The message will also include the date that actual transactions will start being accepted in production.

- **Unsuccessful Test Submissions**

Test submissions not approved by the EDI Technical Analyst generate a listing identifying the errors, which resulted in the disapproval. This report can be faxed or emailed to the submitter if requested. Another test must be sent.



6. Actual Transaction Submissions

Once a submitter receives notification of a successful test, electronic submission of actual production transactions may take place. The SFTP guidelines and procedures are to be observed for the appropriate submission media.

The host receiving system is available to receive transmissions from approved submitters seven days a week, twenty-four hours a day.



7. Password Assistance

If you do not remember your password, contact the EDI Department at Virginia.EDISupport@ACS-Inc.com, or by phone at 1-866-352-0766. They will authenticate your Service Center and issue you a new password. ACS EDI Support is open Monday through Friday from 8:00 a.m. until 5:00 p.m. except on holidays.



8. Transaction Submission Policy

All transactions submitted to Virginia Medicaid must comply with all HIPAA and Virginia Medicaid mandated guidelines.

For any questions related to transaction submission, please continue to refer to the Department of Medical Assistance Services Physicians Manual.

For any other questions pertaining to Billing, In-State Providers please call the Department of Medical Assistance Services Help Line at 1-800-552-8627. All Out-of-State Providers please call 1-804-786-6273.

Appendix A – Instructions for Filling Out EDI Forms

When to Fill Out EDI Forms:

Only a Service Center can submit transactions electronically to Virginia Medicaid. In order to get a Service Center Number, each submitter must complete the Submission of Electronic Transactions Agreement for Service Centers and the Service Center Operational Information forms. The Service Center may be a one person office or a clearinghouse servicing thousands of providers. Leave the Service Center Number blank and submit the forms by email or fax to the EDI Coordinator at Virginia.EDISupport@ACS-Inc.com, or 1-888-335-8460. If the forms are complete, the EDI Coordinator will assign a Service Center Number, sign for ACS, and email or fax the Submission of Electronic Transactions Agreement for Service Centers to you for your records. If the forms are not complete, an email or fax will be returned to you describing the problems.

Each Medicaid Provider that wishes to receive Electronic Remittance Advices (835) or Claim Status (277) must fill out EDI Form-103 and send the form to the EDI Coordinator by email or fax at Virginia.EDISupport@ACS-Inc.com, or 1-888-335-8460. If the form is being submitted in the same package as the forms above requesting a new Service Center Number, leave the Service Center Number blank. Otherwise the Service Center Number must be filled in. If a confirmation is requested, an email or fax will be sent to the provider or service center requesting the confirmation after the Virginia Medicaid Master Provider File has been updated. Transactions sent for a provider by a Service Center before the Master Provider File is updated will be denied for “No Authorization/Ser Ctr Billing on File.” This is because all providers must authorize the service center to send billing for them in advance.

Guidelines for filling out EDI forms:

- **EDI Form 101 – Submission of Electronic Transactions Agreement for Service Centers**

This form must be completely filled in. The Submitter of Electronic Transactions is the name of the Service Center (i.e., ABC Medical Billing Service). Please provide a complete street address, city, state, and zip code so the EDI Coordinator can contact you. The date represents when the form is signed by the Service Center. The form must be signed and dated by the owner or an official of the Service Center.

- **EDI Form 102 – Service Center Operational Information**

This form must be filled in as completely as possible. The Name of Submitter is the same name as on the Submission of Electronic Transactions Agreement for Service Centers above. Please provide a contact name, phone, email and fax number so we can contact you in a timely manner. Please check all of the electronic transaction types you desire to submit to Virginia Medicaid. Note that you must test each of these prior to being able to send them in production.

- **EDI Form 103 – Provider Service Center Authorization**

This form is to be used by the provider to add or remove 835 and 276/277 transactions authorized by a particular service center. Check the appropriate box. The name of Service Center Preparing Electronic Transactions should be filled in if known but it is not as important as the Service Center Number. Service Centers do periodically change their names or are purchased by other entities, the name of the Service Center can change. The Service Center Number can remain constant even though the name has



changed. Virginia Medicaid tracks all service centers by the Service Center Number and not by the name.

If this form is submitted in the package for a new Service Center number, leave the Service Center Number blank. Otherwise the Service Center Number must be filled in and this number is available by contacting the Service Center that maintains your contract.

If the new Service Center authorization is for a future date, please fill in the Begin Date. Otherwise leave it blank and Virginia Medicaid will plug in the date when the Master Provider file is updated.

Although multiple service centers can submit most transactions for you, only one Service Center can receive a Remittance Advice (835). If you desire electronic Remittance Advice, check the appropriate box and fill in the Service Center Number to receive your electronic Remittance Advice. Please note that 30 to 120 days after you are set up to receive electronic Remittance Advice, all paper remittances to you will cease. If during this period you decide that the electronic Remittance Advice is not working for you, you should email or fax another Provider Service Center Authorization to the EDI Coordinator terminating the electronic Remittance Advice so your paper remittances will continue.

Fill in the Provider Name, Provider Number, date, and sign the form. The Provider Service Center Authorization form must be signed by the provider or their legal representative.

Appendix B – Submission of Electronic Transactions Agreement for Service Centers



Submission of Electronic Transactions Agreement for Service Centers

This is to certify that _____ of
(Submitter of Electronic Transactions)
_____, _____, _____, _____ on the
(Street Address) (City) (State) (Zip Code)
_____ day of _____, 20_____, agrees to the following
conditions for the submission of electronic transactions to the Department of Medical Assistance Services.

1. The Service Center agrees to abide by the policies and procedures of the Department of Medical Assistance Services.
2. The Service Center is not to be construed as an agent of the Department of Medical Assistance Services.
3. The Service Center is recognized as an electronic transaction preparation service only, and any agreement of participation between providers and the Department of Medical Assistance Services is not affected by this agreement.
4. The Service Center will promptly notify the Department of Medical Assistance Services of the names of providers either added to the service operation or discontinued from service.
5. The agreement may be terminated on thirty day's written notice by either party.
6. The agreement will become effective when executed by both parties and may be amended only in writing, similarly executed.


ACS State Healthcare, LLC		Service Center	
(Signature of Authorized Agent)	(Signature of Owner or Official)		
(Title of Auth. Agent)	(Date)	(Title of Auth. Agent)	(Date)
(Service Center Number)			

Fax to: 1-888-335-8460 or
Email to: Virginia.EDISupport@acs-inc.com or
Mail Original to:
ACS State Healthcare, LLC
EDI Coordinator
Virginia Medicaid Fiscal Agent Services
P.O. Box 26228
Richmond, VA 23260-6228
866-352-0766


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Appendix C – Service Center Operational Information



Service Center Operational Information

A  Company

Please Type or Print Clearly:

Submitter Information:			
NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT NAME FOR REJECTS:			
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	

Electronic Transaction Desired (MUST test for each prior to Production):			
<input type="checkbox"/> Eligibility Req/Resp (270/271)	<input type="checkbox"/> Remittance Advice (835)		
<input type="checkbox"/> Claims Status Req/Resp. (276/277)	<input type="checkbox"/> Dental Claims (837-D)		
<input type="checkbox"/> Service Authorizations (278/278)	<input type="checkbox"/> Institutional Claims (837-I)		
<input type="checkbox"/> Premium Payment for Enrolled Members (820)	<input type="checkbox"/> Professional Claims (837-P)		
<input type="checkbox"/> Enrollment/Dis-Enrollment to a Health Plan (834)	<input type="checkbox"/> Pharmacy Claim (NCPDP)		

Software Vendor Information:			
SOFTWARE VENDOR:		CONTACT NAME:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	


To Be Completed By ACS:	
SERVICE CENTER NUMBER:	PROVIDER MASTER FILE UPDATED: Date:
SERVICE CENTER FILE UPDATED: Date:	SERVICE CENTER PUT INTO PRODUCTION: Date:
SERVICE CENTER PUT INTO TEST: Date:	NOTES:

Fax to: 1-888-335-8460 or
Email to: Virginia.FOISupport@aca-inc.com or
Mail Original to:
Affiliated Computer Services, Inc.
A Xerox Company
EDI Coordinator
Virginia Medicaid Fiscal Agent Services
P.O. Box 26228
Richmond, VA 23260-6228
866-352-0766


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Appendix D – Provider Service Center Authorization



Provider Service Center Authorization

A  Company

Please review and check the block(s) which pertain to you:

☐ **Electronic remittance request (835):**

I certify that I have authorized Service Center _____ to receive my electronic remittances (835) and that Service Center must have prior approval from ACS State Healthcare, LLC (ACS) to receive such electronic remittances. I also understand that I will continue to receive paper remittances only for the time period selected below after the electronic remittances start. (If no time frame is selected below, the default is 60 days.)

☐ 30 days
 ☐ 60 days
 ☐ 90 days
 ☐ 120 days

☐ I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center _____ effective on _____ for my 835s.

☐ **Claims Status Request/Response (276/277):**

I certify that I have authorized Service Center _____ to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services.

* IF YOU DO NOT QUALIFY FOR A NPI AND ARE REQUESTING A NEW API IN YOUR ENROLLMENT PACKET, LEAVE THE NPI/API NUMBER BLANK AND IT WILL BE FILLED IN BY PROVIDER ENROLLMENT AFTER THE API IS ASSIGNED.

PROVIDER NAME	NPI/API NUMBER
SIGNATURE	DATE
PRINTED NAME	TELEPHONE NUMBER
	TITLE

Fax to: 1-888-335-8460 or
 Email to: Virginia.EDISupport@acs-inc.com or
 Mail Original to:
 ACS State Healthcare, LLC
 EDI Coordinator
 Virginia Medicaid Fiscal Agent Services
 P.O. Box 26228
 Richmond, VA, 23260-6228
 866-352-0766

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